

handle wisely questions of a distinctly social nature, into contact with which the call for their professional services has led them. It is understood that special opportunities will exist for visiting nurses to take advantage of some portions of the course of study. The school will be opened early in October, 1904, in Boston, near the centre of the city. The course will cover one academic year, ending in June, 1904, at which time a certificate will be given to those who have been in attendance. Those desiring further information may obtain it by writing to the director, Jeffrey M. Brackett, 8 Park Street, Boston, Mass. Persons wishing to enter the school may see the director by appointment in Boston from May 15 to June 15 and after September 15.

Mr. Brackett will be assisted in his work by Miss Zilpha D. Smith, for many years general secretary of the Associated Charities of Boston, recognized as a leader in training workers, paid or volunteer.

APPLIANCES EXHIBITED AT THE MEETING OF THE
AMERICAN SOCIETY OF SUPERINTENDENTS OF
TRAINING-SCHOOLS FOR NURSES IN PITTSBURG,
OCTOBER, 1903

BY CAROLYN C. VAN BLARCOM
The Johns Hopkins Hospital,

(Continued from the March number, page 437)

HAMMOCK FOR BABIES.

THE hammock shown in the accompanying cut is another adaptation of the stretcher which has been described. (Fig. 5.)

It rests upon hooks hanging from the sides of the tub, but does not reach the water-level. It is found to be a great convenience when bathing such children as may not be put into a tub of water because of plaster or other dressings, for a child resting upon this hammock and covered with a bath blanket is warm and comfortable, and, being just above the water, may be given a thorough soap-and-water bath without the necessary articles having to be carried to the bedside.

In giving morning baths to several children this simple device, which is used in the orthopaedic ward at the Johns Hopkins Hospital, lends no small aid in saving time during the busy morning hours.

SWEAT-BATH APPARATUS.

The sweat-bath apparatus which was demonstrated consists of an elbow of stove-pipe thickly covered with asbestos and attached to a tripod

and Bunsen burner. The lower end of the pipe stands well off the floor, supported by the tripod, while interposed between these is the Bunsen burner. The latter may be connected with a convenient gas-jet by means of long rubber tubing. (Fig. 6.)

This appliance is for use in giving sweat-baths when hot air is the form of heat desired, and in many instances has accomplished the desired results when other methods employed to induce sweating have been ineffectual. The patient is prepared as usual; resting upon a blanket and mackintosh, is well covered with another blanket, so that no part of the body excepting the face is exposed. Over this is fashioned a tent of one or two cradles and the necessary number of blankets and a mackintosh, the whole being covered by a sheet or bed-spread. These coverlets should be well tucked in along the sides and foot of the bed and about the patient's shoulders to provide against the escape of heat. The stove-pipe stands at one side of the bed about two-thirds of the way down, or at the foot, while the upper end projecting into the tent introduces a current of hot air generated by the gas-flame below. The intensity of the heat may be regulated by the size of this flame.

The advantages of this appliance are in its safety and stability. (Fig. 7.)

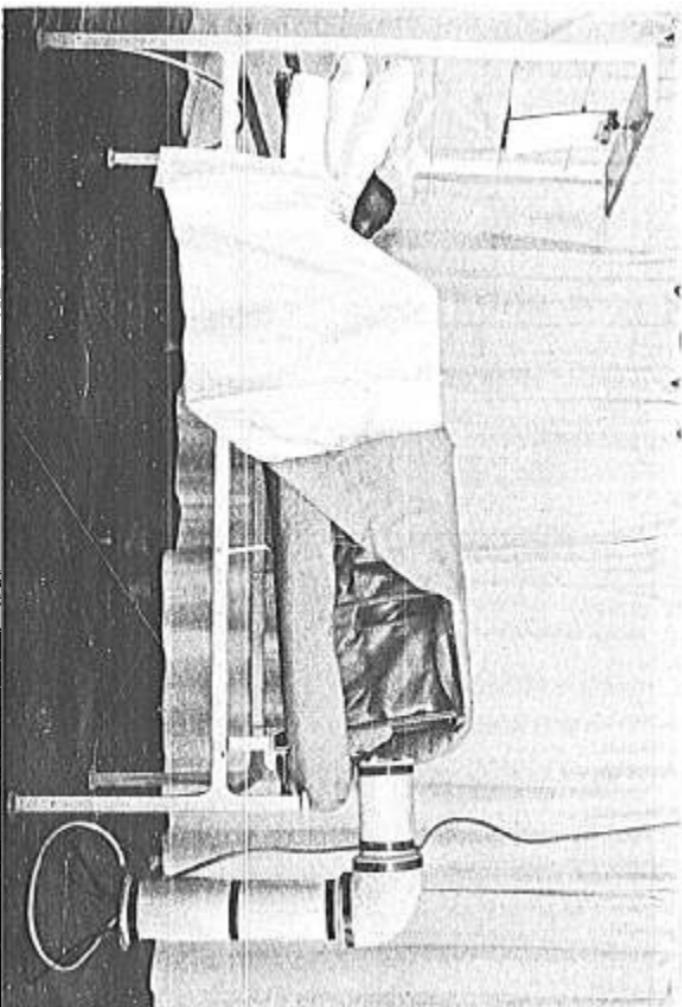
STEAMER.

Another interesting appliance demonstrated was a steamer, the device of a nurse, for use in nursing diphtheria, croup, or any of the various troubles which are relieved by a moist atmosphere. It is essentially an ordinary teakettle with a telescoping spout and provided with valves and gauges which make it impossible for the water to boil over. By means of these the nurse is kept constantly informed as to the height of water in the kettle.

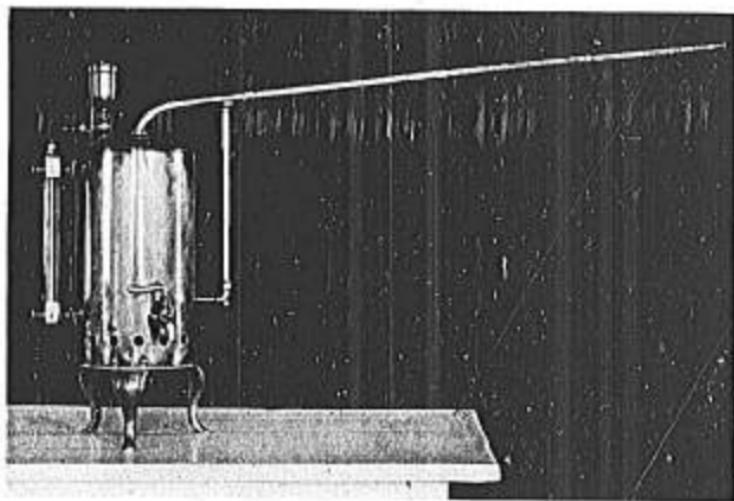
The receptacle for water, raised upon secure legs, should stand over an alcohol-lamp upon a table covered with asbestos. Because of the long spout the kettle may be placed at any desired distance from the bed and still have the source of steam quite near the patient, thus reducing to a minimum the danger of igniting the bed-clothes or scalding the patient. (Figs. 8 and 9.)

STUPES.

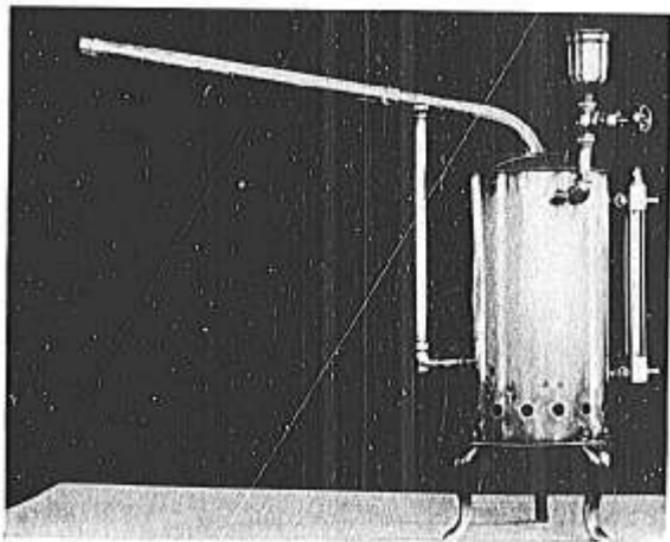
The stupes which were exhibited bear mention because of their being very light in weight and capable of retaining their heat for a long time. They are made of two thicknesses of soft flannel of any desired size and shape and filled with carded lambs' wool, tufted at intervals to avoid lumping. Such a stope wrung out of hot water as dry as possible, covered with oiled muslin or some of the light rubber tissues now in the market,



7. SWEAT-BATH APPARATUS READY FOR USE, WITH FOOT OF BED OPEN TO SHOW ARRANGEMENT OF BEDCLOTHES



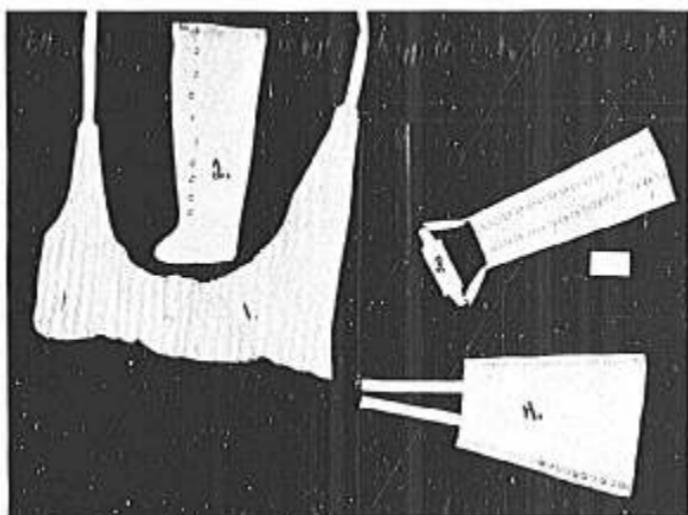
8. STEAMER—FRONT VIEW, TUBE EXTENDED



9. STEAMER—BACK VIEW

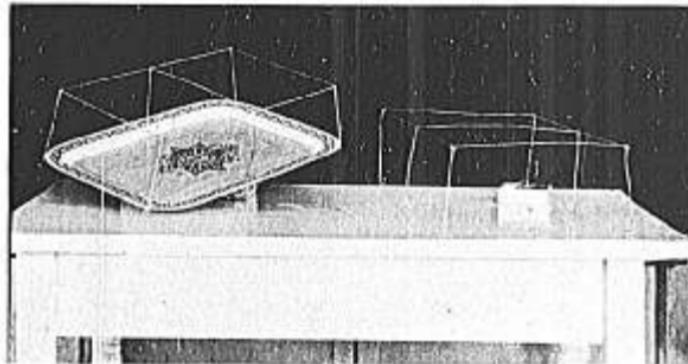


10. PNEUMONIA BAG



11. EXTENSION STOCKINGS

1. For suspending leg from over-head bar.
2. Woollen legging with quilted foot.
3. To replace bandage and adhesive strapping in Buck's extension (closed.)
4. The same (open.)



12. TRAY RACK

and a dry stupe, supplies a hot but very light compress which is most acceptable to patients who look for relief from hot applications.

PNEUMONIA BAG.

The ice-bag for pneumonia patients closely resembles the ordinary ice-cap in its general structure, but by virtue of its size and shape is admirably adapted for use by such patients as require cold applications over a large area—for example, a chest, back, or side in pneumonia. It consists of a rubber pillow fifteen inches long by twelve inches wide, with a screw top at one end about three inches in diameter which offers an opening for the introduction of crushed ice. Held in place by means of a binder, it proves to be quite a satisfactory solution to the problem of applying cold to a territory which exceeds in size the ordinary ice-cap. (Fig. 10.)

ICE-CAP COVER.

The little ice-cap cover has found favor among nurses attempting to keep ice-caps over the hearts of restless patients. It is a square slip much like a pillow-case, with the open side provided with tapes for closure, and at each corner a long tape is securely fastened. After the bag has been applied over the heart, the tapes from the two upper corners are tied about the patient's neck, while the two lower ones pass around under the arms, thus preventing the ice-cap from slipping up, down, or to the side.

EXTENSION STOCKINGS.

Three extension stockings were demonstrated which have been devised to relieve some of the discomforts experienced by patients having their legs in extension. The first is a woollen legging with a quilted lambs'-wool foot, to be used upon a patient whose leg is flexed at a right angle to the body, as is the case in an over-head extension. It usually taxes a nurse's ingenuity to keep this isolated member warm, so that the protection offered by such a stocking, which slips on over the dressing and bandages, is indeed a comfort.

The second is one which, though used with relative infrequency, merits demonstration because of the relief it has afforded to those patients whose legs are swung to an over-head bar, with the lower part, that below the knee, parallel to the bed and extension made at the foot. The stocking amounts to a hammock, which is carefully shaped to the curves of the leg and ankle, so that when suspended from the over-head bar all parts of the limb are equally supported, which is a much less trying adjustment than straps placed at intervals to swing the leg into the desired position. (Fig. 11.)

The third stocking really does duty as a bandage, since it was devised to replace the adhesive strapping and roller bandage used in putting up a Buck's extension when for any reason—for example, abraded or reddened skin—such a dressing may seem inadvisable. With weights fastened to the straps at the lower margin of this stocking after it has been snugly laced from ankle to knee, the same even traction may be made as when the spiral adhesive bands are used, though a little closer vigilance must be exercised, for the stocking slips and becomes loosened from time to time. One advantage worthy of mention is the possibility of dressing the painful areas that are occasionally seen after a leg has been in extension for a very long time, and at the same time keep up the extension by applying this stocking over the dressing, thus relieving the local discomfort without interfering with the treatment.

TRAY RACK.

The tray rack is a simple affair fashioned of bent wire with the idea of holding the covering over a tray of nourishments or a patient's meal, well above the dishes and their contents. (Fig. 12.) It consists of a rectangle approximately the size of the tray, with six legs about four inches long, one at each corner and one on either side. With the wire curved a little at the extremity of each leg it is possible to rest two on top of the tray and slip the other four just under the edge, thus securing the rack while the tray is being carried from diet-kitchen to patient, after which it is easily removed.

WHAT REGISTRATION OF NURSES WILL DO FOR THE PUBLIC *

BY CONSTANCE V. CURTIS

Superintendent Phoenixville Hospital and Vice-President of the Graduate Nurses' Association, State of Pennsylvania

THERE has been a great deal said and written of what registration will do for nurses and the medical profession. Very little has been said of what benefit it will be to the public. I will try to show some of the many advantages the public will gain from State registration of nurses.

We, as a nursing body, know of the many shortcomings and deceptions practised by those who falsely represent themselves to be trained nurses. The country is flooded with them. These women, sometimes,

* Read at the meeting in Wilkes-Barre.